TRICARE

HIPAA Transaction
Standard Companion Guide

ASC X12N 835 (005010X221A1)
Health Care Claim Payment Advice

Version 1.0
January 2014

Disclosure Statement

Please note that the information in this guide is subject to change. Any changes will be available at www.myTRICARE.com.

This transaction set can be used to post payments to practice management systems for Health care claim payments advice for electronic remits.

The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used in generating an outbound PGBA, LLC ASCX12/ 005010X221A1 Health Care Claim Payment Advice (835) transaction.

The 835 electronic remit returned by PGBA is subject to all Health Plan terms, limits, conditions, exclusions and the member's eligibility at the time services are rendered.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with PGBA, LLC. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

Scope

Providers, billing services and clearinghouses are advised to use the ASC X12N 005010X221A1 Health Care Claim Payment Advice (835) Implementation Guide as a basis for their receipt of Electronic Remittance Advice. This companion document should be used to clarify the business rules for 835 data content requirements, batch file acknowledgment, connectivity, response time, and system availability specifically for submissions through the system.

Overview

The purpose of this document is to introduce and provide information about PGBA's CAQH solution for receiving batch 835 transactions.

References

CAQH CORE Phase III	www.caqh.org/benefits.php
ASC X12 TR3s	www.wpc-edi.com
Trading Partner ERA enrollment	www.myTRICARE.com
EDIG Technical User's Manual	www.myTRICARE.com

Additional Information

- Submitters must have Internet (HTTPS) connection capability to receive 835 responses.
- The submitter must be associated with at least one provider in the PGBA provider database.
- Only batch 835 outbound files are supported.
- This system supports PGBA members only.

2. GETTING STARTED

Working with PGBA

Providers, billing services, and clearinghouses interested in receiving 835 electronic remits via PGBA should refer to section 5 of this Companion Guide for contact information. The provider must be TRICARE authorized and the receiver of the 835 remit must have a submitter ID before filling out an ERA enrollment form. See Trading Partner Registration.

Please note that the information in this guide is subject to change. Any changes will be available at www.myTRICARE.com.

The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used in processing PGBA, LLC ASC X12/005010X221A1 Health Care Claim Payment Advice.

Trading Partner Registration

Trading partners must enroll with the PGBA EDI Gateway (EDIG). Prospective trading partners must complete and submit an EDIG Trading Partner Enrollment Form and the Trading Partner Agreement. Documents can be found on the EDI page at www.myTRICARE.com.

Please refer to section 5 of this Companion Guide for contact information.

3. TESTING WITH PGBA

Trading Partners must complete basic transaction submission testing with PGBA. Tests must be performed for each X12 transaction type.

EDIG is available to assist with new Trading Partner testing Monday – Friday, from 9:00 AM to 5:00 PM EST.

Table 1: Testing Process

Testing Steps	Test Instructions
Test Plan	EDIG and the trading partner agree to a predefined set of test data with expected results. In addition, a plan must be developed for a test to production transition that considers volume testing and transaction acceptance ratios.
Connectivity	EDIG-supported connectivity protocols are listed in section 4 of this Companion Guide.
Security	EDIG will validate approved trading partners are submitting transactions allowed per PGBA enrollment applications.
Data Integrity	Data integrity is determined by EDIG's TR3 editor. Testing cannot progress until a trading partner's data receives no TR3 edit errors. EDIG expects there may be an occasional situation in which a trading partner's TR3 edit interpretation differs from PGBA's interpretation. EDIG will work with the trading partner to resolve such differences on an individual basis.
Acknowledgment/ Response Transactions	Trading partners must demonstrate the ability to receive acknowledgment and response transactions.
Results Analysis	EDIG and the trading partner will review acknowledgment and response transactions for consistency with the predefined expected results.

Transition from Test to Production Status

When test results have satisfied the test plan and the Trading Partner Agreement has been executed, the trading partner's submission status is changed from test to production. At this time the trading partner can begin to receive production transaction data.

Testing URLs for Batch through the HTTPS channel

Information regarding the HTTPS channel can be found in the Web Service Integration Requirements for External Partners on the EDI page at www.myTRICARE.com.

SOAP: https://services.pgba.com/QA/9080/COREElectronicDataInterchange

MIME: https://services.pgba.com/QA/mimeapi/9080/COREElectronicDataInterchange

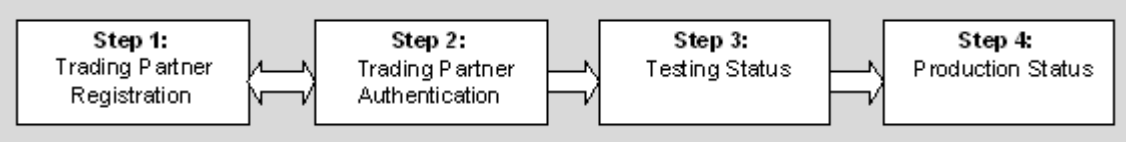
4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Trading Partner Registration Process Flow

To access the 835 application, potential Trading Partners need to register and obtain a trading partner ID from EDIG.

Figure 1 illustrates the high-level process for successfully registering as a Trading Partner and receiving 835 transactions:

Figure 1: Process for Receiving 835 Transactions



Step 1: Trading Partner Registration
Complete and submit the Trading Partner Enrollment Form and the Trading Partner Agreement. See the GETTING STARTED section of this Companion Guide.

Step 2: Trading Partner Authentication
EDIG will verify the information on the Trading Partner Agreement Form and approve or deny any Submitter ID requests.

Step 3: Testing Phase
EDIG will coordinate with a Trading Partner to send test transactions and verify that all systems involved can properly submit and receive X12 TR3 compliant transactions.

Step 4: Production Phase
Once testing is complete, a Trading Partner can begin receiving 835 transactions for providers that have provided an ERA enrollment.

Detailed information regarding Communication protocol specifications, Batch File Responses, Administrative Procedures including Schedule, Availability, Downtime

Notification and Re-Transmission Procedures can be found in the EDIG User Manual which is available on the EDI page at www.myTRICARE.com.

Security

All Trading Partners must assume full responsibility for the privacy and security of all beneficiary data. PGBA holds Clearinghouse Submitters responsible for the privacy and security of remittance transactions sent directly to them from Providers and requires them to be able to associate each inquiry with a Provider. Provider authentication must be established by the Clearinghouse outside of the transaction.

5. CONTACT INFORMATION

EDI Customer Service

For general inquiries contact the EDI Customer service Help Desk at 1-800-325-5920, option 2 or EDI.TRICARE@PGBA.com.

EDI Technical Assistance

All inquiries and comments regarding Trading Partner registration, connectivity set-up, transaction testing, and 835 transaction receipts should be directed to EDIG Operations.

EDIG Operations is available at 800-868-2505 or EDIG.OPS@PalmettoGBA.com Monday through Friday, from 8:00 AM to 5:00 PM EST.

NOTE: The EDIG Operations E-mail account is monitored during normal business hours. E-mails are typically answered within 3 business days.

6. CONTROL SEGMENTS/ENVELOPES

The following sections describe the 835 transaction requirements to be used in conjunction with the requirements outlined in the ASC X12 TR3. Adhering to these requirements will help ensure that transactions received by the 835 application will pass the specified business edits.

All references to the ASC X12 835 TR3 assume the version referenced in section 1 of this Companion Guide.

Interchange Control Structure (ISA/IEA)

Table 2 describes the values to be populated in the ISA segment of the outbound 835 transaction. The IEA segment should be populated as instructed by the ASC X12 TR3.

Table 2: 835 ISA Segment Rules

Segment Id	Data Element	Description
ISA01	Authorization Info Qualifier	00
ISA02	Authorization Information	Blanks
ISA03	Security Information Qualifier	00
ISA04	Security Information	Blanks
ISA05	Interchange ID Qualifier	30
ISA06	Interchange Sender ID	571132733
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	EDIG assigned Trading Partner ID
ISA09	Interchange Date	Populated by EDIG
ISA10	Interchange Time	Populated by EDIG
ISA11	Repetition Separator	Populated by EDIG
ISA12	Interchange Control Version Number	00501
ISA13	Interchange Control Number	Assigned by EDIG
ISA14	Acknowledgment Requested	1
ISA15	Usage Indicator	P, T (production or test indicator)
ISA16	Component Element Separator	Populated by EDIG

Functional Group Structure (GS/GE)

Table 3 describes the values populated in the GS segment of the 835 transaction. The GE segment is populated as instructed by the ASC X12 270 TR3.

Table 3: 835 GS Segment Rules

Segment ID	Data Element	Description
GS01	Functional Identifier	Populated by EDIG
GS02	Application Sender's Code	571132733
GS03	Application Receiver's Code	EDIG assigned Trading Partner ID
GS04	Date	Populated by EDIG

Segment ID	Data Element	Description
GS05	Time	Populated by EDIG
GS06	Group Control Number	Assigned by EDIG
GS07	Responsible Agency Code	X
GS08	Version/Release/Industry Identifier	Populated by EDIG

Transaction set control numbers (ST/SE)

Trading Partners should follow the ST/SE guidelines outlined in the 835 TR3.

7. PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes the business rules and limitations of the 835 application.

All references to the ASC X12 835 TR3 assume the version referenced in section 1 of this Companion Guide.

General Structural Notes

- Trading Partners should follow the ISA/IEA and GS/GE guidelines for HIPAA in Appendix C of the TR3 and follow the 999 and TA1 guidelines outlined in the Implementation Acknowledgement for Health Care Insurance.
- Trading Partners must follow the character set guidelines as defined in Section B.1.1.2.2 of the TR3.
- PGBA uses the delimiters in Table 4.

Table 4: 835 Delimiters

Character	Name	Delimiter
*	Asterisk	Data Element Separator
>	Greater Than	Component Element Separator
~	Tilde	Segment Terminator
^	Carat	Repetition Separator

8. ACKNOWLEDGEMENTS AND ERROR CODES

The receiver of the 835 remit from PGBA is not required to return a 999 acknowledgement per CMS-0028-IFC – excludes requirements pertaining to acknowledgements.

CMS-0028-IFC does not adopt batch acknowledgements required in section 4.2 of CAGH CORE rule 350, as the secretary has not yet adopted HIPAA standards for acknowledgements.

9. TRADING PARTNER AGREEMENTS

Trading Partner enrollment is required to receive 835 remits. Refer to the GETTING STARTED section of this Companion Guide under Trading Partner Registration for information regarding enrollment as a Trading Partner.

The trading partner must be set up as a receiver of the transaction on the Trading Partner table for electronic remits.

Trading Partners may not receive transactions to be executed as Usage Indicator (ISA15) = “P” until testing has been accomplished and approval to receive production transactions has been given.

10. TRANSACTION SPECIFIC INFORMATION

All references to TR3 in this section assume the ASC X12 TR3 835 version referenced in section 1 of this Companion Guide.

835 Payment Advice Transaction

This section describes the values required by PGBA in the 835 Payment Advice transaction.

Any segments or elements not referenced in Tables 15 or 16 should be sent on the 835 per TR3.

Information Source Level Structures

Table 5: Header

Loop ID	Reference	X12 Implementation Name	Codes	Notes/ Comments
Header	BPR01	Transaction Handling Code	**I -** Remittance Information Only ID number. **H -** Notification Only.	Must be an I or H.
	BPR03	Total Actual Provider payment Amount	**C** - Credit	Must be C.
	BPR04	Payment Method Code	**ACH** - Automated Clearing House (used for electronic funds transfer) **CHK** - Check (payment made via check) **NON** - Non-payment Data	Must be ACH, CHK or NON.
	BPR05	Payment Format Code	**CCP** - Cash Concentration/ Disbursement plus Addenda (CCD+) (ACH)	Required and used only when BPR04 equals ACH.

Loop ID	Reference	X12 Implementation Name	Codes	Notes/ Comments
			Note: Only provided if electronic funds transfer.	
	BPR06	Depository Financial Institution (DFI) ID Number Qualifier	**01** - ABA Transit Routing Number (including check digits (9 digits))	Required if BPR04 equals ACH.
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	Must use: 01 ABA Transit Routing Number (including check digits (9 digits))	Identifies the type of identification number of Depository Financial Institution (DFI). Required when BPR04 equals ACH, BOP, or FWT. Not used if BPR04 equals CHK (Check).
	BPR16	Payment Effective Date	EFT effective date	Required when BPR04 = ACH
Reassociation Trace Number	TRN02	Reference Identification	EFT reference number	Required when BPR04 = ACH
	TRN03	Payer Identification	Must equal: 1571132733	Required payer Identification number.
EV	REF02	Receiver Identification	Must use: Clearing house or billing service (trading partner) Mailbox ID.	Identifies the transaction receiver
F2	REF02	TRICARE Provider ID	Will be a 9 digit tax ID with or without 3 digit location suffix.	This is the TRICARE provider number used to adjudicate the claim.
1000A	N102	Payer Name Name	Must equal: PGBA, LLC	Required if the National Plan ID is not transmitted in N104 (Payer Identifier).
1000A	N301	Payer Address Line Address Information	TRICARE Claims Administrator	Must equal first address line by region.

Loop ID	Reference	X12 Implementation Name	Codes	Notes/ Comments
1000A	REF01	Reference Identification Qualifier	Must use: 2U Payer Identification Number.	Code used to qualify the additional payer identification numbers.
1000A	PER02	Payer Business Contact Name Name	Must equal: TRICARE Claims Administration	Required when there is a business contact area that would apply to this remittance and all the claims.
1000A	PER03	Business Contact Number Communication Number Qualifier	Must equal: TE Telephone Number	Code identifying the type of business communication number.
1000A	PER04	Payer Business Contact Communication Number	Complete communications number including country or area code when applicable.	Differs depending on contract region.
1000A	PER01	Payer Technical Contact Contact Function Code	Must equal: BL Technical Department	Code identifier for the technical contact.
1000A	PER02	Payer Technical Contact Contact Name	Must equal: TRICARE ELECTRONIC CLAIMS SERVICE CENTER	Technical contact name.
1000A	PER03	Payer Technical Contact Communication Number Qualifier	Must equal: TE Telephone	Technical communication number qualifier.
1000A	PER04	Payer Technical Contact Communication Number	Must equal: 1-800-325-5920	Technical contact number.

Loop ID	Reference	X12 Implementation Name	Codes	Notes/ Comments
1000B	N103	Identification Code Qualifier	Must equal: FI Federal Taxpayer's Identification Number XX National Provider Identifier Note: For individual providers as payees, use this number to represent the Social Security Number.	Required when N104 does not contain the National Provider Identifier.

Table 5: Detail

Loop ID	Reference	X12 Implementation Name	Codes	Notes/ Comments
2100	CLP02	Claim Status Code	The following codes are sent: 1 Processed as Primary 2 Processed as Secondary 3 Processed as Tertiary19	Identifies the status of an entire claim as assigned by the payer, claim review organization or re-pricing organization.
2100	CLP06	Claim Filing Indicator Code	Must use: CH CHAMPUS	Code identifying the type of claim. For many providers to electronically post the 835 remittance data to their patient accounting systems with human intervention, a unique, provider-specific insurance plan code is needed.
2100	CLP07	TRICARE claim number	ICN Example: **835** - 3301X1KC1-00 **837** - 3301X1KC10000	Claim number format on 835 different from claim number on 837.
2100	CAS	Claim Adjustment Claim Payment Information		This segment is not used or provided; adjustments are reported at the service level.
2100	NM108	Patient Name Identification Code Qualifier Patient Control Number	Must use: HN Health Insurance Claim (HIC) Number Note: If either NM108 or NM109 is present, then the other is required	Required if the patient ID is known or was reported on the health care claim. Used for identification code and under most circumstances, this element should be sent. Should be same as MI if patient is the subscriber.
2100	NM102	Insured Name Entity Type Qualifier	Must use: 1 Person	Code qualifying the type of entity.

Loop ID	Reference	X12 Implementation Name	Codes	Notes/ Comments
2100	NM108	Insured Name Identification Code Qualifier Subscriber ID	Must use: MI Member Identification Note: If either NM108 or NM109 is present, then the other is required.	Used for identification code of the subscriber. Under most circumstances, this element should be sent.
2100	N108	Service Provider Name Identification Code Qualifier	Must equal: FI Federal Taxpayer's Identification Number XX National Provider Identifier	Code designating the system/method of code structure used for Identification Code (67). Code is provided, if submitted.
2100	REF01	Other Claim Related Id Reference Identification Qualifier	Must equal: EA Medical Record Identification Number	Code qualifying the Reference ID. It is provided, if available.
2100	DTM01	Date Time Qualifier Statement Date	232 - Claim period start date 233 – Claim period end date	Code specifying type of date.
2100	DTM01	Date Time Qualifier Coverage Expiration Date	DEERS does not maintain the history needed to determine expiration of coverage.	When the patient is not eligible for coverage, the situational segment DTM - Coverage Expiration Date on Loop 2100 will not be sent.
2100	AMT01	Amount Qualifier Code	F5 Patient Amount Paid (Use to report the amount the patient has already paid.) I Interest	Code to qualify the amount and is provided in certain situations. PGBA, LLC valid codes:
2100	QTY01	Quantity Qualifier	Must use: OU Outlier Days	Specifies the type of quantity and is provided in certain situations.

Loop ID	Reference	X12 Implementation Name	Codes	Notes/ Comments
2110	SVC01	Composite Medical Procedure Identifier	Use the adjudicated Medical Procedure Code. Identifies a medical procedure by its standardized code and modifiers.	
2110	SVC01-1	Product or Service ID Qualifier Product/Service ID Qualifier	Must equal: HC HCPCS Codes (Professional) HP Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code N4 National Drug Code 5-4-2 NU (NUBC) UB92 Codes	Identifies the type/source of the descriptive number used in Product/Service ID and is provided if available.
2110	SVC06-1	Product or Service ID Qualifier Product/Service ID Qualifier	Must equal: HC HCPCS Codes (Professional) HP Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code N4 National Drug Code 5-4-2 NU (NUBC) UB92 Codes	Qualifies the values in SVC06 – 2 through SVC06 – 6. It is provided if available.
2110	REF01	Service Identification Reference Identification Qualifier	APC Ambulatory Payment Classification	Provided when related service specific reference identifiers were used in the process of adjudicating this service.
2110	REF01	Line Item Control Number Reference Identification Qualifier	Must equal: 6R Provider Control Number (Line item control number in Loop 2400, REF01 (used in 837 Professional) if submitted on the 837	Qualifies the Reference Identification and is provided, if submitted

Loop ID	Reference	X12 Implementation Name	Codes	Notes/ Comments
			this must be returned on the remittance.)	
2110	AMT01	Amount Qualifier Code	Must equal: Allowed - Actual	Code to qualify amount and is provided in certain situations, if available.
2110	LQ01	Code List Qualifier Code	Must use: HE Claim Payment Remark Codes (code source 411: Remittance Remark Codes)	Code identifying a specific industry code list.

Table 5: Summary

Loop ID	Reference	X12 Implementation Name	Codes	Notes/ Comments
2110	PLB03-1, PLB05-1, PLB07-1, PLB09-1, PLB11-1, PLB13-1	Adjustment Reason Code	Must equal: IR Internal Revenue Service Withholdings L6 Interest Owed (Used for the interest paid on claims in the 835. Supports the related adjustments where AMT01 is equal to I (Interest). WO Overpayment Recovery (Used for the recovery of previous overpayment. See IG Guide for information about balancing against a provider refund.) 72 Authorized Return This is the provider refund adjustment. CS Adjustment.	Provided only if a provider level adjustment. It indicates the reason for a debit or credit memo or adjustment to invoice, debit or credit memo, or payment.

APPENDIX A – IMPLEMENTATION CHECKLIST

PGBA suggests entities use this information as a checklist of steps to become a submitter:

- Read and review the EDI Gateway Technical Communications User's Manual.
- Contact PGBA Technology Support Center at 803-736-5980 or 800-868-2505 with questions.
- Get user ID and password.
- Send at least one test transaction. (These tests must be performed for each different transaction type that a trading partner is approved to submit to EDIG.)
- Begin receiving transactions.

PPENDIX B – SAMPLE 835

This example includes the minimum required data elements for a PGBA outbound 835 remit file.

```
IEA*1*248100097~ ISA*00*          *00*          *30*571132733      *ZZ*7GWnnnnAAn
*131203*2043*^*00501*248100097*0*P*>~
GS*HP*571132733*7GWnnnnAAn*20131203*204314*7384627*X*005010X221A1~
ST*835*000002291~
BPR*I*4303.69*C*ACH*CCP*01*043301627*DA*1028900224*1571132733*000000000*01*043000261*DA*1185027*2013120
3~
TRN*1*5282937336NR4*1571132733*000000000~
REF*EV*7GWnnnnAAn~
REF*F2*123456789     R81031202008630~
DTM*405*20131202~
N1*PR*PGBA, LLC~
N3*TRICARE NORTH REGION CLAIMS*P.O. BOX 870140~
N4*SURFSIDE BEACH*SC*295879740~
PER*CX*TRICARE NORTH REGION CLAIMS CORRESPONDENCE*TE*8778742273~
PER*BL*TRICARE ELECTRONIC CLAIMS SERVICE CENTER*TE*8003255920~
N1*PE*CHILDREN'S HOSPITAL OF PITTSBU*XX*1111111115~
N3*PO BOX 382007~
N4*PITTSBURGH*PA*15250~
REF*TJ*123456789~
LX*1~
CLP*CH01258758*1*1409*1127.2**CH*3301X1KC1-00*13*1~
NM1*QC*1*TEST*BENNETT*R***HN*CH01258758~
NM1*IL*1*TEST*JASON*R***MI*111111111~
REF*EA*970320540~
DTM*050*20131028~
AMT*AU*1127.2~
AMT*I*.27~
SVC*HC>99285*1409*1127.2*0450***1~
DTM*472*20131019~
CAS*CO*45*281.8~
AMT*B6*1127.2~
```

LX*2~
CLP*CH01272757*1*204*63.73**CH*3315X3KJZ-00*13*1~
NM1*QC*1*TEST2*BROOKLYN*R***HN*CH01272757~
NM1*IL*1*TEST2*ERIC*C***MI*222222222~
REF*EA*970113481~
DTM*050*20131111~
AMT*AU*63.73~
SVC*HC>92507>GN*204*63.73*0440***1~
DTM*472*20131010~
CAS*CO*45*140.27~
AMT*B6*63.73~
LX*3~
CLP*CH01277876*1*250*30.97**CH*3315X3KKJ-00*13*1~
NM1*QC*1*TEST3*MADISON*P***HN*CH01277876~
NM1*IL*1*TEST3*JAMES*P***MI*333333333~
REF*EA*980672250~
DTM*050*20131111~
AMT*AU*30.97~
SVC*NU>0250*24*19.2****1~
DTM*472*20131107~
CAS*CO*45*4.8~
AMT*B6*19.2~
SVC*HC>83036*151*11.77*0301***1~
DTM*472*20131107~
CAS*CO*45*139.23~
AMT*B6*11.77~
SVC*HC>G0108*75*0*0942***1~
DTM*472*20131107~
CAS*CO*96*75~
LX*4~
CLP*CH01278815*1*304.75*16.53**CH*3316X3DBG-00*13*1~
NM1*QC*1*TEST4*KEVIN*M***HN*CH01278815~
NM1*IL*1*TEST4*FRANCIS*P***MI*444444444~
REF*EA*980712618~
DTM*050*20131112~
AMT*AU*16.53~
SVC*HC>36415*22.75*0*0301***1~
DTM*472*20131106~
CAS*CO*97*22.75~
SVC*HC>82947*56*4.76*0301***1~
DTM*472*20131106~
CAS*CO*45*51.24~
AMT*B6*4.76~
SVC*HC>83036*151*11.77*0301***1~
DTM*472*20131106~
CAS*CO*45*139.23~
AMT*B6*11.77~
SVC*HC>G0108*75*0*0942***1~
DTM*472*20131106~
CAS*CO*96*75~
LX*5~
CLP*CH01281707*1*840.75*16.25*47.85*CH*3319X30TR-00*13*1~
NM1*QC*1*TEST5*YANNI*Y***HN*CH01281707~
NM1*IL*1*TEST5*GEORGE*Y***MI*555555555~
REF*EA*840359897~
DTM*050*20131115~
AMT*AU*64.1~
SVC*HC>36415*22.75*0*0301***1~
DTM*472*20131106~
CAS*CO*97*22.75~
SVC*HC>80061*167*16.25*0301***1~
DTM*472*20131106~

CAS*CO*45*150.75~
AMT*B6*16.25~
SVC*HC>82947*56*0*0301***1~
DTM*472*20131106~
CAS*CO*45*51.24~
CAS*PR*1*4.76~
AMT*B6*4.76~
SVC*HC>83036*151*0*0301***1~
DTM*472*20131106~
CAS*CO*45*139.23~
CAS*PR*1*11.77~
AMT*B6*11.77~
SVC*HC>84439*133*0*0301***1~
DTM*472*20131106~
CAS*CO*45*122.06~
CAS*PR*1*10.94~
AMT*B6*10.94~
SVC*HC>84443*161*0*0301***1~
DTM*472*20131106~
CAS*CO*45*140.62~
CAS*PR*1*20.38~
AMT*B6*20.38~
SVC*HC>G0108*150*0*0942***2~
DTM*472*20131106~
CAS*CO*96*150~
LX*6~
CLP*CH01292409*1*226*9.42*2.35*CH*3331X36Q7-00*13*1~
NM1*QC*1*TEST6*JOSEPH*P***HN*CH01292409~
NM1*IL*1*TEST6*MICHAEL*N***MI*666666666~
REF*EA*981108767~
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DTM*472*20131119~
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APPENDIX C – TRADING PARTNER ENROLLMENT

Enrollment with the EDI Gateway requires prospective trading partners to complete and submit the PGBA EDIG Trading Partner Enrollment Form and the Trading Partner Agreement. The

purpose of the PGBA EDIG Trading Partner Enrollment Form is to enroll providers, software vendors, clearinghouses and billing services as trading partners and recipients of electronic data. It is important you follow these instructions and complete all the required information. We will return incomplete forms to the applicant, which could delay the enrollment process.

The enrollment form is in the Appendix of the EDI Gateway Technical Communications User's Manual and is also available at the HIPAA Critical Center. You should complete enrollment forms electronically and email them to EDIG.OPS@PalmettoGBA.com. Use your TAB key to move forward through the form fields or click your cursor in a desired field or box. Be sure to save the file after you have completed the form.

The Trading Partner Agreement is a legal document. All trading partners are required to print, complete and return the originally signed hard copy via mail prior to being moved to production status. The PGBA Trading Partner Agreements can be found at the HIPAA Critical Center. The PGBA Trading Partner Agreement can be found on myTRICARE.com in the Electronic Claims Filing section.

If you are a prospective PGBA, LLC trading partner, print and mail a hard copy of the completed Trading Partner Agreement to:

Palmetto GBA
Attention: EDIG Operations, AG-280
2300 Springdale Drive, Building One
Camden, SC 29020-1728

APPENDIX D – CLEARINGHOUSE TRADING PARTNER AGREEMENT

The agreement can be downloaded from www.myTRICARE.com "Electronic Filing" Page.

APPENDIX E – REVISION HISTORY

Table 6 provides a summary of changes made to this document.

Table 6: Document Revision History

Version	Date	Description of Changes
1.0	01/01/2014	Initial version